

1.0 Description of the Service

Neonatal and pediatric critical care services are an array of services provided by physicians directing the inpatient care of critically ill newborns, infants and very young children. Neonatal and pediatric critical care services involve high complexity decision making to manage, monitor and treat a critically ill patient. Neonatal and pediatric intensive care services are services provided by physicians directing the continuing inpatient intensive care of the low birth weight (LBW) or very low birth weight (VLBW) infant who is no longer critically ill but continues to require intensive observation and frequent services and interventions only available in the intensive care setting.

2.0 Eligible Recipients

2.1 General Provisions

Medicaid recipients may have service restrictions due to their eligibility category that would make them ineligible for this service.

2.2 Limitations

Medicaid recipients who are two years of age or less are eligible for these services.

2.3 Special Provisions

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that provides recipients under the age of 21 with medically necessary health care to correct or ameliorate a defect, physical or mental illness or a condition identified through a screening examination. While there is no requirement that the service, product or procedure be included in the State Medicaid Plan, it must be listed in the federal law at 42 U.S.C. § 1396d(a). Service limitations on scope, amount or frequency described in this coverage policy do not apply if the product, service or procedure is medically necessary.

The Division of Medical Assistance's policy instructions pertaining to EPSDT are available online at <http://www.dhhs.state.nc.us/dma/prov.htm>.

3.0 When the Service is Covered

Critical care services are covered when a newborn, infant or a very young child is critically ill. Intensive care services are covered when a LBW or VLBW infant is no longer critically ill, but continues to require intensive observation and interventions.

4.0 When the Service is Not Covered

Critical care services are not covered when the newborn, infant or very young child does not require critical care. Intensive care services are not covered when the newborn, infant or young child does not require intensive care.

5.0 Requirements for and Limitations on Coverage

5.1 Global Critical Care Service Codes

Physicians directing the care of a critically ill newborn, infant or very young child use critical care CPT codes 99293-99296 to report services provided per day. Care rendered while the patient is receiving critical care services include management, monitoring, and the treatment of the patient. Medicaid uses the guidelines established by the American Medical Association in the CPT manual, in addition to the Correct Coding Initiative and other sources, to identify services that are included in the bundled (global) critical care service codes. The following CPT codes represent procedures and services that are included in critical care and **must not be billed separately**:

31500	36000	36140	36400	36415	36420
36425	36430	36440	36510	36540	36555
36600	36620	36660	43752	51000	51701
51702	62270	71010-26	71015-26	71020-26	90780
90781	91105	92953	93561-26	93562-26	94375
94656	94657	94660	94662	94760	94761
94762					

5.2 Low Birth Weight Infant Care

Care for very low birth weight (VLBW) infants who require intensive care but who are not critically ill is reported using CPT codes 99298 and 99299. The services identified in **Section 5.1** should not be billed separately when 99298 and 99299 are billed.

5.3 Continued Hospitalization Care

Care for newborns, infants, and very young children who require continued hospitalization and who **are not critically ill and weigh more than 2500 grams** is reported with hospital inpatient E/M CPT codes 99221-99223 or 99231-99233.

6.0 Providers Eligible to Bill for the Service

Physicians enrolled in the N.C. Medicaid program who provide this service may bill for this service.

7.0 Additional Requirements

There are no additional requirements.

8.0 Billing Guidelines

Reimbursement requires compliance with all Medicaid guidelines including obtaining appropriate referrals for recipients enrolled in Medicaid Managed Care programs.

8.1 Claim Type

Physicians bill professional physician services on the CMS-1500 claim form.

8.2 Diagnosis Codes the Support Medical Necessity

Providers must bill the ICD-9-CM diagnosis codes to the highest level of specificity that supports medical necessity.

8.3 Procedure Codes

Neonatal and pediatric critical and intensive care CPT codes that are covered by the Medicaid program include:

99293	99294	99295
99296	99298	99299

8.4 Reimbursement Rate

Providers must bill their usual and customary charges.

9.0 Policy Implementation/Revision Information

Original Effective Date: June 1, 2002

Revision Information:

Date	Section Updated	Change
09/01/04	Section 5.1	2003 CPT codes added to services included in global NICU service
09/01/04	Title	The title of the policy was changed to "Neonatal and Pediatric Critical and Intensive Care Services"
09/01/04	Section 1.0	"Pediatric" and "inpatient" were added to the description of critical care services. Description of inpatient intensive care services added.
09/01/04	Section 2.0	The age limitation two years of age or less was added to the eligibility information.
09/01/04	Section 3.0	"Infant or a very young child" was added to the criteria. Intensive care information added.
09/01/04	Section 4.0	"Infant or a very young child" was added to the criteria. Intensive care information added.
09/01/04	Section 5.0	"Infant or a very young child" was added to the criteria.
09/01/04	Section 5.1	Codes updated to reflect changes in national CPT codes. Guidelines references updated.
09/01/04	Section 5.2	Policy guidelines for billing CPT codes 99298 and 99299 were added. Reference to global codes and codes listed in 5.1 added.
09/01/04	Section 5.3	Policy guidelines for billing CPT codes 99231 – 99233 were added. Title "Continued Hospitalization care" added.
09/01/04	Section 6.0	Text stating that reimbursement requires compliance with all Medicaid guidelines including obtaining appropriate referrals for recipients enrolled in Medicaid Managed Care programs was added.

Revision Information, continued

Date	Section Updated	Change
09/01/04	Section 8.3	Word “intensive” added. CPT codes 99293, 99294, 99298, and 99299 were added to the list of covered procedure codes. Code 99297 deleted since it was deleted by CPT.
9/1/05	Section 2.0	A special provision related to EPSDT was added.
9/1/05	Section 8.0	The sentence stating that providers must comply with Medicaid guidelines and obtain referral where appropriate for Managed Care enrollees was moved from Section 6.0 to Section 8.0.
12/1/05	Section 2.3	The web address for DMA’s EDPST policy instructions was added to this section.